

IDPH/Bureau of Radiological Health (BRH)
INSTRUCTIONS FOR COMPLETING THE APPLICATION
FOR REGISTRATION OF PERSONS PROVIDING SERVICE OF RADIATION MACHINES

This application, when properly submitted and processed by the BRH, constitutes a request for registration in accordance with the Code of Iowa, Chapter 641-39.3(3). A completed application consists of the application for a registration and the appropriate fee. More information can be found on our website:
idph.state.ia.us/eh/xray_machines.asp

Registration is required for these types of services:

Installation and servicing of radiation machines and associated radiation machine components.

Calibration of radiation machines or radiation measurement instruments or devices.

Radiation protection or health physics consultations or surveys.

Processor or processor servicing, or both.

This form is NOT for mammography or radiation therapy physicists.

INSTRUCTIONS FOR SECTION 1: Organization Information

Organization name: The name of your facility such as Joe's Dental Service. If your facility does not have a name, enter the owner's name such as Betty Jean Jones.

Email address: The email of the facility where we can contact you easily. Do not use personal emails.

Physical address: The actual address of the facility where you are located.

Phone: The facility phone number where we can contact you easily.

Organizational Representative: The person who we can contact with questions about your application.

Is your physical address the same as your mailing address? If you answer no:

Mailing address: Enter this if your mail is delivered to another address or post office box.

Mailing address phone number: Example: a business office or offsite main organization office.

Billing information

If your billing address is different from your physical address OR another person or entity is providing the payment OR the name on the check is different from the organization name, then you must complete the billing information.

If you are writing one check for more than one application, please list the name and address for each location and registration number if one has already been issued.

Organization documentation: A "firm/agency" has a business bank account and EIN number. A "sole proprietorship" operates from a personal bank account and uses a social security number.

INSTRUCTIONS FOR SECTION 2: Service provider information

Section 2 asks questions about your firm or agency and how you will meet the requirements to operate in Iowa. The rules governing x-ray equipment and service providers can be found on our website under Rules: Chapter 41.

INSTRUCTIONS FOR SECTION 3: Affirmation for a sole proprietor

Section 3 pertains to the sole proprietor named in Section 1. The sole proprietor is the owner and must sign and date Section 3. If the applicant is a firm or agency, skip section 3 and complete section 4.

INSTRUCTIONS FOR SECTION 4: Affirmation for firms and agencies

Section 4 should be completed and signed by the firm or agency's representative. This could be the owner, owner's representative, or the manager of the firm or agency, for example.

SUBMISSION OF YOUR APPLICATION

Submit Sections 1 and 2 and either section 3 or 4 as applicable of the application form and the nonrefundable \$100 fee to:

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Iowa Department of Public Health
Bureau of Radiological Health
Lucas State Office Building, 5th Fl
321 East 12th St, Des Moines, IA 50319-0075.

Make checks payable to IDPH. Online payment is not available currently.

A validated Notice of Registration will be returned to you as acknowledgment of registration. The registration will expire on the date shown on the Notice. Renewal notices are sent approximately 45 days prior to the date of expiration. A \$25 fee will be assessed for each check returned for insufficient funds.

For questions, please call 515/281-0415; e-mail: www.charlene.craig@idph.iowa.gov

IOWA DEPARTMENT OF PUBLIC HEALTH (BRH)
SECTION 2

Please check all services that you provide to facilities in Iowa:

- ☐ Installation of radiation-emitting equipment
- ☐ Service/repair of radiation-emitting equipment
- ☐ Calibration of radiation-emitting equipment
- ☐ Radiation protection or health physics consultations or surveys
- ☐ Processor or processor servicing, or both

Please check the types of radiation-emitting equipment that you service:

- ☐ Dental
- ☐ Medical
- ☐ Non-medical or industrial
- ☐ Veterinary

Briefly describe the training and/or experience required in general for all persons performing services for your company.

☐ I verify that I have read and understand the requirements of the Iowa Radiation Machines and Radioactive Materials Rules applicable to radiation-emitting machines.

☐ This company/individual will not perform services that are not specifically stated for the company in this application or on the Notice of Registration issued by the agency until given permission in writing by the agency.

Signature of company representative

Date